PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with ... plicable fee(s), to: Mail Mail Stop ISSUE 1 .. E

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the outernt correspondence address as

indicated unless correcte maintenance fee notifiea	ed below or directed oth	crwise in Block 1, by (a	specifying a new corre	spondence address;	and/or	(b) indicating a sepa	arate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
22852	7590 09/19			Cer	tificate	of Mailing or Trans	mission	
FINNEGAN, F LLP 901 NEW YORI	HENDERSON, FA K AVENUE, NW	ARABOW, GARRI	ETT & DUNNER _b Sta add trar	ereby certify that thites Postal Service we be ressed to the Mail asmitted to the USP	is Fcc(s rith suff Stop 1 ΓΟ (57)) Transmittal is being ficient postage for first ISSUE FEE address (1) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
WASHINGTON	I, DC 20001-4413						(Depositor's name)	
							(Signature)	
			L				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	}	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/574,984	0/574,984 04/07/2006		Alessandro Aiello 09			09952.0032	7149	
TITLE OF INVENTION: METHOD AND SYSTEM FOR FAULT PROTECTION IN COMMUNICATION NETWORKS, RELATED NETWORK AND COMPUTER PROGRAM PRODUCT								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	12/19/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
BONZO, BRYCE P		2113	714-004000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up t or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att	or printing on the patent front page, list the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is d, no name will be printed. 1 Finnegan, Henderson, 2 Farabow, Garrett & 3 Dunner, L.L.P.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
TELECOM ITALIA S.P.A. MILANO, ITALY								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government								
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order -	No small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PFO-2038 is attached. (Electronically) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).						
a. Applicant claim	tus (from status indicate as SMALL ENTITY statu	us. See 37 CFR 1.27.	b. Applicant is no lo					
		uired) will not be accepte ites Patent and Trademark		the applicant; a regi	stered a	attorney or agent; or t	he assignee or other party in	
Authorized Signature	Set 10	DEC 1 8 2008						
Typed or printed nam	e Ernest F. C	Chapman		Registration N	Io2	25,961		
an application. Confident submitting the complete this form and/or suggest	tiality is governed by 35 d application form to the ions for reducing this bu	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	I.14. This collection is endeduced the indicated of the collection of the indicated the collection of	stimated to take 12 in vidual case. Any content and content and	minutes mment Traden	s to complete, including son the amount of times. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete nartment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.